Individual/Head of Household Application

Client Information

First Name:_____   **Last Name:**_____

Middle Name:_____   **Mother's Maiden Name:**_____

Date of Birth:_____/_____/_____   **Age:**_____

Birth City:_____   **Gender:** O Male   O Female

Social Security:_____-_____-_____

Relationship to Case: O Individual (not affiliated with family)   O Head of Household (affiliated with family)

O Spouse (affiliated with family)   O Child (affiliated with family)

O Other (affiliated with family)

Optional Data

Height: ____ft. _____ inches   **Eye Color:** O Brown O Blue O Green

Primary Language:_____   **Citizen:** O Yes O No   O Don't know O Refused

General Information

Housing Status:

O Literally Home: (*Places not meant for habitation, Emergency Shelter/Transitional Housing, Fleeing Domestic Violence)*

O Imminently risk of being Literally homeless: *(Being evicted from a private dwelling unit, discharge from hospital or other institution, Living in a House that has been condemned)*

O Housed and at risk of losing housing: (In their own housing or doubled up with friends or relatives and are at risk of losing their housing due to high housing cost. Lack of resources and support networks to maintain or obtain housing.

O Stably Housed: (*are in stable housing situation and not at risk of losing housing but need services from the agency)*

O Refused

Prior Living Housing Situation (or Current) to Program Entry:

O Emergency Shelter	O Trans. Housing for Homeless Persons	O Psychiatric Hospital/Facility
O Perm. Sup. for formerly Homeless	O Substance Abuse Treatment Facility/Detox	O Hospital
O Jail/Prison or Juv. Detention	O Room/apt./house that they rented	O Apt/House that they owned
O Staying or Living w/ Family	O Stay or Living w/ Friend	O Foster Care home/grp. Home
O Hotel/Motel not paid by ES	O Place not meant for Habitation	O Safe Haven
O Other_____	O Don't Know	O Refused

Duration of Prior Living Situation?

O 1 week or less	O Over 1 week, less than 1 month	O 1 to 3 months
O Over 3 months, less than 1 year	O 1 year or longer	O Don't Know
ORefused		

Zip code of Last Permanent Address:_____

Zip code data quality: O Full zip code   O Partial   O Don't Know   O Refused

How did you get referred to our agency?

O Alcohol/Drug Program   O Assistance from Family, Friends, Citizen   O Church Staff

O Emergency/ Transitional Shelter   O Mental Health Out Patient Clinic   O Social Service Staff

O Other Hospital or Medical Clinic   O Crisis Intervention   O Follow- UP

O Call Response   O Weather Intervention   O Multiple Sources

O Permanent Housing Assistance   O Police   O Self- Referral

O Phone Call   O Walk- In   O Street Outreach Workers

O Other

Characteristics

Hispanic Ethnicity: O Yes O No   O Don't know O Refused   **Veteran:** O Yes O No O Don't know   O Refused

Disabling Condition: O Yes O No   O Don't know O Refused

Racial Group:

O American Indian or Alaskan Native   O Asian   O Black or African American   O Hawaiian or Pacific Islander

O White or Caucasian   O Other Racial Group

Office Use Only Do Not Fill Out

Entry Date:_____/_____/_____

HUD Program:

O Emergency Shelter   O Perm. Supportive Housing w/services   O Transitional Housing

O Safe Haven   O Homeless Outreach   O Services Only Program

O Perm. Housing without services   O Homeless Prevention and Rapid Re-Housing

O Other

Designated HUD Eligibility Category:

O Homeless Prevention and Rapid Re-Housing (HPRP)   O Safe Haven (SHP)

O Homeless Outreach (Not APR Data)   O Single Room Occupancy (S+C SRO)

O Emergency Shelter (Not APR Data)   O Single Room Occupancy (Sec. 8 and SRO)

O Innovative Supportive Housing (SHP)   O Sponsor Based Rental Assistance (S+C SRA)

O Permanent Housing for Disabled Persons (SHP)   O Supportive Services Only (SHP)

O Project Based Rental Assistance (S+C PRA)   O Tenant Based Rental Assistance (S+C TBA)

O Transitional Housing (SHP)

Continuum of Care: O Salt Lake CoC   O Balance of State CoC O Mountain Land CoC

HUD Program Contract Number :_____(agency specific)

** Complete Case Assessment and Self Sufficiency Outcomes**

§ Collect Optional "Best Practice Data" Check mark 'YES'.

§ Collect Out Come Domain Data: Check mark 'Yes' for all Annual Progress Report (APR), Case Management and Housing first Clients. Please see Self Sufficiency Outcome Domain Worksheet